

**State of Delaware  
Group Health Insurance Program  
New Rates Effective July 1, 2009**

	<b>Total Monthly Rate</b>	<b>State Pays</b>	<b>Employee/ Pensioner Pays</b>
<b>First State Basic Plan</b> <i>(includes prescription drug coverage at the same level as all other plans)</i> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$462.68	\$462.68	\$0.00
Employee & Spouse	\$957.32	\$957.32	\$0.00
Employee & Child(ren)	\$703.34	\$703.34	\$0.00
Family	\$1,196.68	\$1,196.68	\$0.00
<b>Aetna HMO</b> <i>Administered by Aetna</i>			
Employee	\$485.34	\$462.68	\$22.66
Employee & Spouse	\$1,025.30	\$957.32	\$67.98
Employee & Child(ren)	\$742.94	\$703.34	\$39.60
Family	\$1,279.12	\$1,196.68	\$82.44
<b>BlueCARE® HMO</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$485.78	\$462.68	\$23.10
Employee & Spouse	\$1,028.88	\$957.32	\$71.56
Employee & Child(ren)	\$743.76	\$703.34	\$40.42
Family	\$1,283.44	\$1,196.68	\$86.76
<b>Comprehensive PPO Plan</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$535.58	\$462.68	\$72.90
Employee & Spouse	\$1,111.70	\$957.32	\$154.38
Employee & Child(ren)	\$826.52	\$703.34	\$123.18
Family	\$1,389.80	\$1,196.68	\$193.12
<b>Dominion Dental HMO</b> <i>Administered by Dominion Dental</i>			
Employee	\$20.36	\$0.00	\$20.36
Employee & Spouse	\$34.10	\$0.00	\$34.10
Employee & Child(ren)	\$41.30	\$0.00	\$41.30
Family	\$48.50	\$0.00	\$48.50
<b>Delta Dental PPO plus Premier</b> <i>Administered by Delta Dental</i>			
Employee	\$24.48	\$0.00	\$24.48
Employee & Spouse	\$49.96	\$0.00	\$49.96
Employee & Child(ren)	\$49.04	\$0.00	\$49.04
Family	\$81.84	\$0.00	\$81.84